

CLAIMS ONLY						Application Number 10661365	Filing Date 4-27-06
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1							
2			/				
3			/				
4			/				
5			/				
6			/				
7			/				
8			/				
9			/				
10			/				
11			/				
12			/				
13			/				
14			/				
15			/				
16			/				
17			/				
18			/				
19			/				
20			/				
21			/				
22			/				
23			/				
24			/				
25			/				
26			/				
27			/				
28			/				
29			/				
30			/				
31			/				
32			/				
33			/				
34			/				
35			/				
36			/				
37			/				
38			/				
39			/				
40			/				
41			/				
42			/				
43			/				
44			/				
45			/				
46			/				
47			/				
48			/				
49			/				
50			/				
Total Indep							
Total Depend							
Total Claims	5	36					